

1. How is DBHS operationally defining “central Arkansas” ?

Central Arkansas is defined as Pulaski, Saline, Lonoke and Prairie Counties.

2. Section 1.1, Purpose states “qualify vendor(s) which will result in up to two qualified vendors for the State”. May a program apply for the entire 32 beds statewide?

A provider can apply for all 32 beds. However, the provider cannot have more than 16 beds per unit in order to be in compliance with the IMD exclusion of Medicaid.

3. There is no requirement in the RFP for the Detox and CORT programs to be at the same location based on my reading of this but I will ask if it is acceptable for the two to be physically located at two locations assuming that each meet requirements for their respective physical purposes?

Yes, but the IMD exclusion still applies.

4. Section 1.4 states that “the limit per service is three days per episode of care”. Recognizing that for alcohol the most critical of time occurs at the 72 hour mark, this would seem that admission should be delayed until approximately 24 hours post-last drink. Is that the intention of the state?

It is not the intent of the state to have individuals wait for admission in to Medical Detox. Medical necessity is and should be the only determining factor for admission. Additional days can be requested as needed for the individual’s medical needs.

5. Will the Mid-Ark current facility on West 7th continue to be available as an option for a location for detox services? If so, what would be the procedure for arranging that?

Future plans for this facility have not been established and approved by the State Institution Services Board. Respondents may include the use of this building in their proposals but should also demonstrate the ability to provide services elsewhere in the event that the facility is not available.

6. Section 1.6 states “services provided under this contract will be budget based” however in that same section it proceeds to identify the rates for CORT Residential Services. This would imply to me that the CORT part of this is a fee for service so is not included in the subsequent section noting the funding available for this project. Please clarify.

This RFP is budget based for all services. The amount of \$62.00 is the published rate in the Rule of Practice and Procedures and had to be included. That rate will be used as the benchmark for determining cost of utilization and rate setting for procuring future residential services for this program.

7. Section 1.7 references \$1,184,386 annually but does not state if this is for the total of the two programs anticipated to be funded or if it is for each of the total of two programs anticipated to be funded. Please clarify.

The dollar amount listed in the RFP is for two 16 bed programs. \$592,193 for each program annually.

8. Section 3.21 states that information relative to EEO policy should be e-mailed to Tim Bodishbaugh. It was my understanding that he has retired. Is there another e-mail address to which this should be forwarded? If so, please identify that address.

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9. Section 4.3 Price states "payments will be granted after services have been rendered". Please clarify that the reimbursement for services will be made on a monthly basis rather than after year end as awarded.

[It will be a monthly reimbursement on a budget based contract.](#)

10. There is no comment that I can locate in the RFP regarding the ability of a program awarded this contract to use the facility designated for detox under this budget-based contract to provide services to an individual who has a third party reimbursement source. So, can that occur? If the answer is yes, then please clarify where funds collected for the provision of those services are to go? For example, if an applicant for detox to an organization awarded this DBHS contract has Blue Cross Blue Shield insurance, 1) can a bed paid for through this contract in the organization awarded this DBHS contract be used to provide this service? 2) if so, can the organization awarded this DBHS contract bill Blue Cross Blue Shield insurance for reimbursement of these detox services provided? 3) if so, is what money is collected from Blue Cross Blue Shield to be deducted from the allocation from the state for these services or is it to be retained by the awarded program? As there is the potential for a case to be made that this is double billing I believe it is important that any applicant has a clear understanding of this expectation. I do realize that an argument could be made that if the bed is vacant it would not be included in what is paid for under this contract but I also think that it is arguable that only the 17th bed under this scenario of joint detox and CORT or the 12th bed if just a detox unit, would be eligible to be essentially sold without exposing both the state and the awarded program minimally to unfavorable publicity and perhaps to litigation. While it is my understanding that this is the direction the state believes this can and should go with the anticipated health care reform (and I agree), it would be more comfortable if this issue was addressed publicly on the front end.

[The Division is paying for 16 beds per unit and expects that those beds be available for indigent care. Programs cannot exceed 16 beds in order to be considered an IMD.](#)

11. Is the 62.00 per day negotiable or is this the maximum rate accepted in the RFP bid?

The amount of \$62.00 is the published rate in the Rule of Practice and Procedures for residential services. This RFP is budget based for all services. The published rate of \$62.00 will be used as the benchmark for determining cost of utilization and rate setting for procuring future residential services for this program.

12. With existing contracts an intake and assessment fee is assessed separately from the daily residential rate. Is the daily CORT rate of 62.00 inclusive of the assessment and intake fee or are they separate?

It is inclusive.

13. For the volume of expected service; is the minimum expected service 11 clients per year per site for detox (i.e. 33 days per site) and minimum of 5 CORT clients per year per site? It appears in the RFP that 32 beds are expected to be held over. Is this correct?

Each provider should anticipate a census of 11 individuals per day for medical detox and five per day for CORT.

14. Has a fee for the detox services charged for the 3 days been established or will this be viewed as similar to reimbursement amounts for existing RADD/Detox contracts?

Contracts awarded under this RFP will be budget based at the rate of \$592,193 per 16 bed unit.